## MICHIGAN DEPARTMENT OF CORRECTIONS

CRIME VICTIM NOTIFICATION REQUEST FORM

This form must be forwarded to the Department of Corrections <u>AFTER</u> the defendant has been sentenced to prison to become registered to receive notifications. Once the MDOC has received the defendant, you will receive a letter acknowledging the receipt of your notification request. *You must be 18 to request notification.* 

Please mail your request to:
MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM SERVICES
P.O. BOX 30003
LANSING, MI 48909
www.michigan.gov/corrections
Office Hours: Monday through Friday 8 a.m. to 5 p.m.

(517) 373-4467 LOCAL (877) 886-5401 TOLL-FREE (517) 241-0536 FAX

For TTY: Contact Michigan Relay Center (800)649-3777



MDOC
OFFICE USE ONLY
Date Received:
Verified Relationship:
Date Entered:
Crime Victim Services

Prison Offender Inform	ation: Comp		ase PF		senarate for	m for each prisoner	
Prisoner Name: (Last, First, Middle)	Prisoner MDOC#:						
Date of Birth: (MM/DD/YYYY)	YY) Race:		Gender:	Sentencing County Co	urt Docket/Case #	#: Sentencing County:	
Sentencing Date:	Pate: Offense Convicted of:						
Victim/Concerned Citizen Information: Complete in full							
	No. of the state o						
Person requesting notification IF other than the victim listed above:  Relationship to Victim (i.e., father, mother, etc.)							
Mailing Address: (Include St Rd Ave Blvd, etc.)  Apt #, Suite #:							
City	State (Two Digit Abbreviation) Zip Code						
What, if any, IS/WAS your relationship to the defendant/offender in this case: MUST COMPLETE TO ENSURE PROPER NOTIFICATION or form will be returned.							
NOTE Please Read:  Giving us your telephone number(s) [only two accepted] will automatically register you to receive automated notification calls from the Michigan Crime Victim Notification Network (MCVNN) if the offender has an unanticipated release, is released on parole, or discharges on their maximum out date.  If it is your request to NOT receive automated notifications, please check this box. □  (1) Telephone Number (Including Area Code) NO Pager or Extension #s accepted							
(1) Telephone Number (including Area ( )	Code) NO Pager or E	extension #s accepted	(2) Telep	)	d Code) NO Page	Tot Extension #5 accepted	
E-MAIL ADDRESS:							
Have you been, or are you currently being threatened by the defendant?  • If yes, please explain on a separate sheet of paper.  • If information is not provided, your form will be returned for additional information.							
Do you currently have an a	ctive Personal	Protection Order aga	ainst the	e above offender?	Yes	□ No □	
SIGNATURE REQUIRED  It is YOUR RESPONSIBILITY to update Crime Victim Services in writing with your signature and provide current address/telephone information. Failure to do so will result in termination of your notifications.							
Signature of Person Requesting Notification:  Date:							
**CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT**							
MDOC OFFICE USE ONLY:		soner Offender #:	PM PM	es: [[:	H Lo	YTA: Yes No Ocation:	